

CLAIMS ONLY						Application Number <i>16235767</i>	Filing Date		
						Applicant(s)			
* May be used for additional claims or amendments									
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		*	*	*
	Indep	Depend	Indep	Depend	Indep	Depend			
1							51		
2							52		
3							53		
4							54		
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45							95		
46							96		
47							97		
48							98		
49							99		
50							100		
Total Indep			5				Total Indep		
Total Depend			15				Total Depend		
Total Claims			20				Total Claims		